

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023913

STATE FILE NUMBER

WED JUN 16 1958

Registration District No.

317

Primary Registration District No.

531

Registrar's No.

1534

1. PLACE OF DEATH

a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN University City

Inside Limits
Yes ☒ No ☐

c. CITY
OR
TOWN

Wellston 4000

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Dr. Office
6677 Delmar Blvd.

Length of stay in lb
5 MIN.

d. STREET
ADDRESS

(If outside, give location)
6319 Chatham Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Leon

O

Davis

4. DATE
OF
DEATH

Month

Day

Year

6-6-58

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED ☒ NEVER MARRIED ☐

WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH

Aug. 6 1907

9. AGE (In years
last birthday)

50

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Maintenance

10b. KIND OF BUSINESS OR
INDUSTRY

Packing Co.

11. BIRTHPLACE (City and state or country)

Dexter, Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Larkin Davis

13b. MOTHER'S MAIDEN NAME

M. Boone

14. NAME OF HUSBAND OR WIFE

Rosie Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

UNK

17. INFORMANT

Address

Rosie Davis 6319 Chatham Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

5 minutes

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cardiovascular renal disease with
Hypertension

Aug. 8, 1956

DUE TO (c)

Arteriosclerosis

4/201

Aug. 8, 1956

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY
PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour a.m.
Month, Day, Year
p.m.

20d. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug. 8, 1956 to June 6, 1958 and last saw him alive on June 6, 1958

Death occurred at 8:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Leo R. Fitzgerald M.D.

(Degree or title)

22b. ADDRESS

6677 Delmar Blvd.,

22c. DATE SIGNED

6-7-58

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6-10-58

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

J.W. Clark F.H. 1125 Hodiamont Ave

25. DATE RECD. BY LOCAL REG.

6-9-58

26. REGISTRAR'S SIGNATURE

Herbert R. Drake M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Stanley H. Dixon

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.